

Medical library services in the South Pacific

Barbara K. Bird

Mrs Bird relates physical, social, and economic conditions in the South Pacific to the provision of library services and indicates some problems and suggests possibilities for improvement.

In the past decade, two interesting statements on this subject have appeared in *New Zealand libraries*. The first, in 1966, by the late Arthur Sandall outlined five particular problems and suggested ways to solve them.(1) A more recent issue of the same publication was devoted to health science libraries and appeared when the writer was newly assigned from Honolulu to the Medical Research Library, Fiji School of Medicine. Because of such relocation, the editorial was especially relevant:

There is considerable medical interest in the South Pacific. . . . Suppose there were set up a co-ordinated and adequate service . . . called the South Pacific Medical Library Service. . . .(2)

While there undoubtedly is interest in the area, there is, as yet, no formal South Pacific Medical Library Service; there are, however, beginnings which might well formalise into such a service.

In the South Pacific, excluding Papua New Guinea and French Polynesia, the population is just over one million, being therefore less than one-third that of New Zealand. The islands, of varying size and productivity, are widely scattered; narratives of their discovery by Bougainville, Cook or Bligh after many months of sailing convey to some extent the immensity of the open ocean. Of these islands, ranging from mere arid coral specks to extensive steamy jungles, Fiji is perhaps the most advanced sector of a very undeveloped part of the world right at New Zealand's back door. Numerically the

MRS BIRD is project librarian, Hamilton Library, University of Hawaii.

Dominion of Fiji is the largest island nation with over 500,000 inhabitants living on 100 of the 300 islands of the group. Whereas the population density is six per square miles inland, it is a thousand times greater in the major port of Suva (70,000). Lifestyles range from the traditional existence of a subsistence farmer gathering necessities from a coral-fringed islet or meagre upland clearing to the computerised control of a mercantile and administrative community. Today, Fiji's economy is based on tourism, gold, sugar and copra, commodities which can command unusually high prices, and all things being equal (Fiji might well be comfortable today. But then things are not equal. Natural hazards such as hurricanes are as unpredictable as the racial situation. Of the multi-racial society, 53 per cent is of Indian extraction, their forebears having migrated originally to the sugar plantations in the late 19th and early 20th century. The minority consists of Fijian or neighbour island stock such as Rotuman, Tongan, Gilbertese, etc., around 4,000 Chinese, some 3,600 Caucasians (Europeans), and a number of part-Europeans. The European sector is diminishing as a result of the policy of localisation, and it is important to consider this fact in the library context as in 1973-74 most of the interlibrary loan requests originated from Europeans. Total localisation may affect not only the demand and style of library service internally, but also the ability and willingness to co-operate externally.

Library services are seldom divorced from money matters and Fiji is no exception. The Gross Domestic Product of Fiji was provisionally recorded for 1973 as F\$260.4m.(4) while that of New Zealand for the same year was NZ\$7,168m.(5) almost 28 times greater. At the level of medical costs, the charge for maternity confinement in Suva's main hospital in 1973 was 10 Fijian cents per day (or 20 cents per day in a "pay" ward). In like fashion, the Medical Department's budget for books and journals for the same year was F\$2,500 to support the library needs of all health personnel—whether they be in the education programme at the School of Medicine, the field and hospital staffs or departmental administrators and legislators.

Service emanates from the Medical Research Library, housed on the first floor of a wing of the Fiji School of Medicine, itself a remarkable institution developed through almost one hundred years from a programme designed to train selected indigenous young men as "dressers". Equipped with rudimentary knowledge of medicine they went forth to assist their people through the devastating effects of Westerns illnesses in a "virgin" population. From this nucleus grew the Central Medical School (1928), which in 1953 became the Fiji School of Medicine. Like the University of the South Pacific, it serves as a regional educational institution, training students not only from Fiji, but also from twelve Island administrations such as Tonga, Niue, Tokelau, Cook Islands, Western Samoa, British Solomon Islands, Nauru, Gilbert and Ellice Islands and New Hebrides. In earlier days, there were also students from Guam and Papua New

Guinea, areas which now have other training facilities. Besides a five-year course for medical practitioners, there were in 1974, eight other medically-related courses: radiography, laboratory techniques, dentistry, physiotherapy, public health, and so on. Since foundation, the School's emphasis has been on the preparation of personnel to function at a practical level, at the level of the community, and oftentimes in rather rugged physical circumstances. In comparing the training offered at this school with that of five-year programmes now more common elsewhere (Papua, Sydney, Aberdeen, Newcastle-on-Tyne) the Fiji trained physician may be equipped as well as any to function in the field. Of the 200 students currently attending, the output of Diplomates (medical practitioners) is about 30 per year, and all are initially destined for service with their respective governments, the possibility of entering private practice being limited to the few who earn degrees abroad. (footnote) Instruction in this unique programme of medical education is in the English language, although within the student community, almost 20 languages may be spoken.

While economic restraints and educational requirements always shape library service, only those who have lived in the humid tropics know the added difficulties of a climate such as that of Fiji. Beyond the tourist brochures, Fiji is extremely wet; while the "dry" side around Nadi Airport has an annual rainfall of 1750-2150mm, nearer Suva it is 3800mm, an average daily precipitation of about 10mm. Moreover, with temperatures in the 30s, air-conditioning is essential for the preservation of library materials (and the library staff). High humidity and high temperatures produced heart-breaking deterioration from mildews and insects whose activities were unpleasantly obvious when opening a library or stack room after the weekend. Likewise, the library of the University of the South Pacific at Laucala Bay, Suva, and the National Archives are unfortunately "naturally ventilated" so that the frequency of rain showers dictates the opening or closing of windows. Apart from a small collection in the Ministry of Health headquarters, none of the six medical library collections is air-conditioned, and only those at the School of Medicine and at Hoodless House, the centre for clinical instruction, are staffed full-time. Other sections are, in a way, "special" collections, being determined by content—Psychiatry at St. Giles' Hospital—or by location, as at Lautoka Hospital. With a total staff of one professional, two "recorders" and lately one trainee, all except one based at Tamavua, the efficient control of outlying deposits is an unsolved problem. The total collection includes monographs, journals, audio-tapes and tape players, as well as selected depository items from the Fiji Government Printer, the South Pacific Commission and the World Health Organisation.

Except for items published in Australia or New Zealand, monograph and serial orders were placed for purchase in the United Kingdom, delivery time for books taking a "record" minimum of six weeks and usually upwards of four months. Serial receipt, depend-

ing on sea dispatch, was equally erratic with mailbags crowding the working area soon after the arrival of ships from the United Kingdom. Maintaining continuity of serials is difficult enough, more so when allowance must be made for publishing delays and infrequent shipping. Consequently, claims could be either premature or so long-standing that the chance of recovering missing issues was slight indeed. For the period 1973-74, extra materials were available to the library from several sources; as well as gifts from local private donors and the British Book Council, various organisations in both New Zealand and Hawaii contributed books and serials. Many journals were received on exchange for the School's monthly publication, *F S M journal*, which ceased early in 1973 with the subsequent appearance of the *Fiji medical journal*. (For a list of medical journals published in Fiji, see Appendix.)

As well as financial support given by the Leper Trust Board and the New Zealand Post-Graduate Medical Association, two special allocations together provided a unique opportunity for a substantial revision in both stock and service. While the New Zealand Red Cross Society granted extensive funds for the purchase of hundreds of current texts and journals (as well as a much-needed photocopier) the Pan-Pacific Surgical Association, an international non-profit organisation of surgeons, provided my salary as librarian to be available while the Fiji national, in keeping with the policy of localisation, received professional training in Australia.(3)

All administrative, technical, and reference services for the system were performed at the School location where the catalogue, serial records, and backfiles were maintained. Most monograph materials circulated, and all health service personnel as well as Faculty and students could borrow. Journal circulation in 1973-74 was strictly limited, and almost eliminated after receiving a photocopier donated by the New Zealand Red Cross Society. This equipment enabled the introduction of a current awareness service, by which copies of contents pages could be distributed to those interested in specific publications. In turn, this generated requests for copies of current articles, thus putting the publications to greater use.

Items in the system were moved around as needed within Fiji, but a supplementary source for additional material was necessary. In the main, requests placed overseas were for citations in the literature, from *Index medicus*, or from MEDLINE searches: often requested items had appeared in older journals for which no backfile was held or in American publications. Generally speaking, the Fijian collections are strongest in major British titles and in tropical medicine, fields in which considerable backfiles have been assembled. Limited budgets over many years have not provided for the purchase of many United States titles, for which even now, there may be no great demand. Fiji's medical interlibrary loan needs could best be served by New Zealand or Australia for Commonwealth titles, and by Hawaii for American publications. Consequently, the availability of PEACESAT

communication linking Suva to Both Honolulu and Wellington presented an opportunity to use that facility for the voice transmission of library interests. The reduction in turnaround time on requests made in this way was appreciable, for in some cases material available on the spot was dispatched by the next air mail.

Fiji then has a functioning medical library service, as has American Samoa where an organised collection is housed (air conditioned) in the LBJ Tropical Medical Center, Pago Pago. Funded by the Federal Government, a medical library service exists for the United States Territory of Micronesia, Guam and American Samoa. As part of the Regional Medical Library project of the US National Library of Medicine, HINOP (Health Information Network of the Pacific) offers MEDLINE searches as well as reference and photocopying services, and the Honolulu-based librarian is available on occasional visits to the territories for consultation and advice. HINOP also compiles PAULMS (Pacific Area Union List of Medical Serials) now in its second edition, a record of holdings of journals in Guam, Okinawa (Army Medical Library), American Samoa and the major medical collections of Hawaii.

Other areas in the Pacific are much less favoured. In Apia, Western Samoa, medical literature was stored in poor conditions with only sporadic control of the collection. A nearby library for nurses enjoyed better accommodation, organisation, and care, and to the outside observer the value to all Samoan health personnel would have been greatly increased if these two collections were consolidated.

Requests received in Fiji from the British Solomon Islands, New Hebrides, and the Gilbert and Ellice Islands also indicated the necessity for access to better collections and, during my assignment in Fiji, reference and photocopying facilities were extended to those areas. At no time was the demand great if measured by numbers, but the disadvantages of isolation were partly alleviated. During that time also, several shipments of backfiles of journals in demand in Fiji were assembled from duplicates gathered in Honolulu. No doubt there are other librarians who would like to see their duplicates disposed usefully; however, redistribution is not easily accomplished as observation of shipping schedules and transportation costs reveals. Such co-ordination could be effectively provided along with other services by a South Pacific Regional Library Service, an agency which could take one of several forms determined by the availability of established collections, reproduction and distribution facilities, personnel—and funds.

Among "traditional" plans and varying in cost, practicality, and centralisation, are the following possibilities:

- 1 A base collection in Australia, New Zealand or Hawaii could provide MEDLINE searches, photocopies, etc., to island requesters; where desired, existing island collections could be supplemented from surpluses or duplicates accumulated elsewhere.

- 2 Each island nation/administration, while maintaining its own service as in Fiji, could make its resources accessible to others of the region. Such a co-operative may however place unequal demands on the few better-organised collections.
- 3 Under the auspices of an international or regional agency such as the World Health Organisation or the South Pacific Commission, a service similar to the New Zealand Country Library Service could draw on a central collection while also maintaining deposits in major island centres. Regular agency staff visits could provide for the supplementing and updating of deposits as well as assistance in training local personnel in the management of local collections. If an already established base collection were available, the cost of this type of service would approximate that of a dental service now provided to the region by the South Pacific Commission.

Regardless of the form of any regional service, thought should be given to limitations currently prevailing in the area, namely:

- 1 The relationship of newly-independent nations toward regional control, whether externally by an international authority or co-operatively among themselves.
- 2 The absence in most new nations of adequate tax provisions to support library service combined with competing "priority demands" on the national revenues.
- 3 Usually, the lack of functioning collections and of effective local trained staff.

There are, nevertheless, some favourable aspects. From Fiji, the weekly PEACESAT satellite link was valuable, especially when communicating with New Zealand. (The International Date Line complicated arrangements with Honolulu.) Voice communication is

"Satellite communication is but one innovation which . . . makes obsolete the traditional concepts of libraries."

instantaneous, it is personal, and the only requirement other than equipment is the ability to understand the speaker. Though many languages are used throughout the islands, English is used extensively in the area, with the exception of French Polynesia. Satellite communications is but one innovation which, along with microforms, videotapes, and on-line bibliographic retrieval, makes obsolete the traditional concepts of libraries. Technological advances offer great promise for effective, rapid improvements; they also, because of cost, demand new patterns of co-operation, organisation and funding. Within this decade, the adoption of such innovations could enable access to worldwide resources, and thus provide optimum library service to health personnel of the South Pacific, a community which by geographic isolation could well be considered "disadvantaged".

Appendix

- List of medical journals published in Fiji, 1930-present.
- The native medical practitioner*. v. 1, no. 1-v. 3, no. 3; Nov. 1930-Sept. 1941. Annual. Consecutively paged 1-574. Continued as
- The medical journal of the Assistant Medical Practitioner Service*. v. 4, nos. 1 & 2; June 48-June 49. 2 issues only.
- The Fiji medical journal*. v. 1, no. 1; Dec. 1961. Single issue only. "Published by the Association of Assistant Medical Officers."
- Weekly broadcasts*. Unnumbered. Mimeographed. 1959-65(?).
- FSM journal*. v. 1, no. 1-v. 8, no. 2; May 1966-Feb. 1973. Monthly.
- Fiji medical journal*. v. 1, no. 1- ; April 1973- . Suva, Fiji Medical Association.

References

- 1 Sandall, F. A. New Zealand library responsibilities and the Pacific. *New Zealand libraries* 29: 96-105, June 1966.
- 2 Jamieson, D. G. Medical library service in New Zealand. *New Zealand libraries* 35: 250-254, October 1972.
- 3 Bird, B. K. Medical Research Library. *Fiji medical journal* 1: 192, October 1973.
- 4 Fiji. Bureau of Statistics. *Current economic statistics, 1975*. Suva, 1975.
- 5 New Zealand. Department of Statistics. *Pocket digest of statistics, 1974*. Wellington, 1974.

Acknowledgement

The author wishes to thank: Mr S. Ramrakha, Permanent Secretary for Health, Fiji, for permission to publish, and Dr T. G. Hawley, formerly Dean, Fiji School of Medicine, Suva, Fiji, for reviewing this paper.

Footnote

1974 Fiji legislation enabled private practice in Fiji by FSM diplomates who had fulfilled certain Government service requirements.

WHO'S WHO IN NEW ZEALAND LIBRARIES

1975

Edited by A. L. Olsson

ISBN 0-908560-00-1

Available from: The New Zealand Library Assn.,
P.O. Box 12-212, Wellington North, New Zealand
\$3.00 to members; \$4.00 to non-members (in N.Z.)
\$4.50 to non-members (overseas)

Still available—

WHO'S WHO IN NEW ZEALAND LIBRARIES 1971

Prices: \$1.25; \$2.00; \$2.50